LEARNING ACTIVITY

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Organization: Doctor’s Hospital, Columbus, GA

Hours spent completing activity: Approximately 14 hours

Learning Activity

My patient is a 39-year-old female. She is a military wife and stay at home mom of two young children. She claims to have practiced nursing on the west coast, but states that her license is no longer active. She reports to have had asthma her whole life. She admits to smoking at least one pack of cigarettes a day for the last 25 years. She has a medical history of asthma, chronic back pain and panic attacks. She is not overweight and has no drug allergies.

The patient was a direct admission from her primary care physician’s (PCP) office. She had gone in for an acute asthma exacerbation and her PCP decided to admit her for overnight surveillance. Blood work and a Chest X-ray were obtained and a Pulmonologist was consulted. She was admitted onto the Medical Floor towards the end of the afternoon. Her husband and children were present. She was scheduled to receive breathing treatments per the doctor’s orders from Respiratory Therapy. She received one dose of IV steroids to decrease the inflammation in her lungs and intravenous (IV) fluids were infusing through a peripheral IV line. She was to be wearing oxygen at three liters per nasal cannula, which she refused. She also had her doctor’s standing orders that could be used as needed, which included medication for pain, anxiety, and nausea. The patient was walking around in her room. Signs of anxiety were noted. Her family was preparing to go home for the night and the patient asked to walk out to the car with them to say goodbye.

This patient’s priority need at this time is to remain as calm in her situation as possible. Signs of agitation are beginning to surface which are exacerbating her medical condition. The patient is walking around her room. Shortness of breath is noted. She is verbally expressing the need to leave her room and she is starting to find little things to criticize, like the way the admitting nurse had taped her IV on her forearm. She is also instructing me to call the doctor and inform him of the exact respiratory medications and dosages she wants, which are not what was ordered. Other needs noted at this time are relaxation to help decrease the patient’s increasing respiratory rate, oxygen as ordered to increase the patient’s oxygen saturation in her blood, and treatments from the respiratory therapist to help control her asthma exacerbation. An antianxiety medication was offered. A nicotine patch was also offered. The patient refused all respiratory treatments and all oral medications offered.

I determined from my assessment and talking with the patient that she wanted me to let her be in charge of her situation from where she was allowed to go in the hospital to her exact treatment plan. She also desired control over the doctor by stating exactly what she wanted him to order her. She only desired submissive responses from me. When I would give answers that were unacceptable to her, the patient would roll her eyes and sigh. The patient showed that she wanted attention by pressing her nurse call light, walking out to the nurses’ station, and even went as far as to enter into another patient’s room to ask me a question.

In response to these wants identified by the patient, I attempted to give her as many choices regarding her care as I could. I called the doctor and informed him of the patient’s wishes regarding her medications. I informed the patient of the standing orders. For a second time, I offered the patient a nicotine patch, which she again refused. Instead of telling the patient what she could not do, I told her everything she could do. When she asked to go outside to smoke, which was against hospital policy, I told her she could walk the halls as long as her respiratory rate was within normal limits and she had the energy to do so per the doctor’s order. She verbalized feeling restricted due to the tubing that connected her to the IV fluids. Since the patient was eating and drinking with no difficulties, I discontinued her fluids for a short amount of time before bedtime so she did not feel, in her words, “tied down.” I gave her my undivided attention when communicating with her and asked every time before leaving her room if she had any other questions.

I could have offered this patient more attention, but chose not to for two reasons. First, because I believe she was using the attention that I was giving her to gain sympathy to try to get what she wanted instead of what she needed and second, because I had other patients who also needed my attention.

I was concerned for this patient because she continuously refused the treatment ordered by the doctor. She expressed a wish to get better because a family vacation was planned, but did not follow through with taking any of her medications. The patient’s husband was supportive in smoking cessation and, before he left for the evening, took her cigarettes and lighter. He also encouraged her to relax and follow the doctor’s orders. Some changes were made regarding her orders, but she continued to refuse treatment because not every single change she requested was granted. I cautiously brought up smoking cessation teaching, to which the patient reacted with anger and excuses. She did eventually succeed in sneaking off the floor while I was with another patient. Upon not being able to find her, I called security. The security guard found the patient across the street in an empty parking lot smoking a cigarette and escorted her back up to the floor. I experienced extreme aggravation because the patient asked for my help and then continuously refused it, even after I had done everything in my power to satisfy her.

I will always remember this patient situation, not because of the noncompliance, but because the patient asked me to compromise my values. She wanted a specific dosage of pain medication to be given to her through her IV. I called the doctor for the order, which he refused to give. Upon informing the patient of the oral pain medication available, she told me to give her the IV medication anyways. She stated she would not tell anyone that I had helped her. I was extremely offended when she requested this because of her previous stated position as a nurse. I refused to do so and offered again the oral medication that was ordered. In the end, the patient left against medical advice stating that she was not getting any help from me or the doctor.

The assumptions I made were based on this patient’s attitude. I assumed that she did not understand or care about the severity of her asthma because she seemed unwilling to make any changes in her personal lifestyle to improve her condition. I thought that she may have some addiction problems due to her refusal to give up smoking. I believe her husband was in denial of how life threatening her situation could become. I presumed that the patient had the ultimate control in her home and that the family let her have her way most, if not all, of the time. I also assumed that the patient’s husband did not stay long in the hopes that she may listen to medical personnel because he had already tried. I assumed the patient did not really want medical help since she continuously refused to try medicinal treatments and was noncompliant in most nonpharmacological suggestions made by nursing staff, such as relaxation techniques.

Based on these assumptions, nursing staff and doctors could possibly not even try to give her the treatment needed because she seemed to not want the help. She also seemed in danger of losing her PCP and having to find a different doctor. In not understanding how severe the patient’s breathing problems could easily become, her family may lose their wife and mother soon. If proper documentation had not been done, the hospital could have lost a law suit based on the patient’s feelings that she was not adequately being taken care of.   
 I do not think I realized that the patient may have been acting so noncompliant because of her fear of how bad her asthma had become. Her poor attitude was directed at me, but she might have been feeling that way towards herself because she knew that smoking made her breathing problems worse. It may have been less stressful for the patient to not have her family present. The patient may have been more anxious than normal because her asthma attack had never been so bad before.

See Figure 1 for a mind map to visually depict this patient’s situation.

I believe that my clinical reasoning and self-reflective skills were enhanced through completion of this activity. In my work environment, I see quite a few patients whose attitudes mirror the above patient’s. My unit can also be extremely busy with patients like these demanding more time than usual. I often feel that the time I give patients who are noncompliant takes away from time that can be spent helping patients who do follow medical instructions. In looking back at how my attitude and patience progressively broke down, I hope to be able to catch myself in future situations and not let my attitude begin to reflect that of my patient’s. Every single patient deserves to be treated with the same amount of my respect. My attitude towards my patients is one area that I believe I can continuously work on improving.

